

DEPARTMENT OF SURGERY

University of Colorado

March, 1956

COMMUNICATIONS

Failure in communications is as serious in medicine as in military operations. The care of the patient demands rapid, accurate, and complete understanding between House Staff and Visit, laboratory and ward doctor and nurse, consultant and responsible service. That is why we have written consultation forms, written laboratory reports, written notes in the record.

Communications are important in the smooth functioning of a Department. I think, in the Department of Surgery, we have been weak on communications. To be able to participate and contribute, each faculty member must be aware of Department objectives, problems and activities. He must also be able to influence Department action by expression of his opinions. Communications are a two-way street.

We have tried meetings. They help, but I think they are not enough. In a doctor's life there are too many meetings. Ben Eiseman has recently coined a name for this disease in medicine today: "Polysynoditis." Because there are so many, most are poorly attended. Even the monthly staff meeting of the Department finds but a small percentage of its members present. The Executive Committee of the Department meets but three times a year.

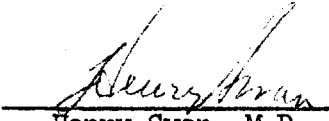
For these reasons, then, it seems worthwhile to try a form of written communication. We will attempt to publish this news letter once a month. It will serve as a straight news medium - - news of activities of the Department and its staff. It will also be a forum for discussions of Department problems, and as such will welcome contributions and comments from all members of the staff. It will also editorialize. The stand we take on important medical and educational problems must be familiar to all, so that judgments of them may be made on the basis of knowledge, not repute. And finally, it may attempt to bring tidbits of medical experience or experiment, gleaned in our clinics or our laboratories, or reported from visits to society meetings.

A News Letter must have an editorial staff. I shall serve as Editor, and Dr. Marvin Johnson and Dr. Ben Eiseman have agreed to serve as Editorial Staff. These two are young and energetic men; the task will take time and energy. Any member of the Department faculty who would like to join this editorial staff will be welcome. The wages are all work and no pay. Full-time staff members, already familiar with such a setting, will probably not

apply.

The Editorial Staff will welcome comment.

Address: Surgical News Letter, Department of Surgery, 4200 E. 9th Avenue,
Denver 20, Colorado.


Henry Swan, M.D.

CURRICULUM

The endless attempt to improve the frame of teaching continues. In the Curriculum Committee, the Department of Medicine wants to shed the month of Psychiatric Clerkship which currently occupies a third of the Junior Medical Clerkship. Our stand: The Junior Surgical Clerkship, comprising as it does all of the clinical experience the student ever gets in many of the surgical specialties, cannot be shortened to absorb Psychiatry. We would entertain an agreement to shorten our Senior Clerkship by one month if, a.) that month is made an elective; b.) Psychiatry will join Medicine and Pediatrics in a horizontal or continuing type clerkship. Thus, one-half of the senior year (17 weeks) would be a combined clerkship in Medicine, Pediatrics, and Psychiatry; one-half quarter would be a series of "block" or vertical clerkships involving Surgery-8 weeks, Ob.-Gyn.-5 weeks, and elective-4 weeks. The student could elect to work in any Department, clinical or basic science. I have long felt that our clinical curriculum was too rigid, and didn't permit the student sufficient choice to work in a field of particular interest. Perhaps this would be a step in the right direction.

CLAGETT LECTURESHIP

On April 5, 1956, Dr. Henry N. Harkins will present a discussion of his extensive experience with different types of gastric resection in the treatment of peptic ulcer, at 8:15 P.M., Sabin (repeat Sabin) Amphitheater. To Dr. Jim Clagett our continuing gratitude for giving the Department this annual lectureship, a real and important demonstration of his pride and sense of obligation as an alumnus of our school.

STAFF NEWS ITEMS

Four of our recent resident graduates journeyed last month to Los Angeles to take Part II, American Board of Surgery. We congratulate Scott Christensen (Grand Junction), Larry Kircher (Colorado Springs), Eb Liddle

(Colorado Springs), and George Wittenstein (Denver) on their success in receiving certification by the Board. We think perhaps George is the first man in the country to become Board Certified in Surgery while he is still a medical student. (George must meet certain state licensure requirements for foreign medical graduates, and has been spending the past year and a half, since his residency, getting an M.D. from Colorado).

The staff may well be proud of our resident graduates with the Board examinations. Since 1948, of 20 men from our residency program who completed a sufficient amount of training to be declared eligible, 17 are now certified, and one has passed Part I.

At the recent regional meeting of the American College of Surgeons in Colorado Springs, papers were presented by Drs. Eiseman, Macomber, Packard, Swan and Watkins. At the Central Surgical Association meeting in Rochester, Minn., in February, Marvin Johnson was elected to membership.

MISCELLANEOUS INFORMATION

Concerning the University of Colorado School of Medicine, the following figures might be of interest. Since its inception, 1,428 living doctors had been graduated, as of April, 1950. This placed us 54th in a list of 71 approved schools in number of graduates. Of these, 16.7% were Board Certified specialists, mostly psychiatrists, and about 70% were general practitioners. At that time, 45% of these alumni resided in Colorado, while 55% resided elsewhere. By contrast, 86.8, 86.6, and 82.7 per cent of doctors graduated from Southern California, California, and Stanford, respectively, still resided in California! This is poor support of the idea that Colorado boys who go to medical school here are liable to stay in Colorado. It is possible that students from other states would be more likely to remain. Or maybe Colorado isn't as attractive professionally as California?

(F. G. Dickinson, A Study of Medical School Alumni, J.A.M.A., 160:475, 1956)

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